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AMENDED IN SENATE APRIL 10, 2014

SENATE BILL

No. 1438

Introduced by Senator Pavley

(~~Coauthor: Senator~~ Coauthors: Senators Anderson and Leno)

(Coauthors: Assembly Members Bloom, Chesbro, and Rodriguez)

February 21, 2014

An act to amend ~~Section 1714.22 of the Civil Code, and to amend~~ Sections 1797.170, 1797.197, and 11601 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

SB 1438, as amended, Pavley. Controlled substances: opioid antagonists.

~~(1) Existing law authorizes a licensed health care provider who is permitted by law to prescribe an opioid antagonist and is acting with reasonable care to prescribe and subsequently dispense or distribute an opioid antagonist for the treatment of an opioid overdose to a person at risk of an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. Under existing law, licensed health care providers are authorized to issue standing orders for the distribution of an opioid~~

antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist the person at risk. Existing law also authorizes licensed health care providers to issue standing orders for the administration of an opioid antagonist by a family member, friend, or other person in a position to assist a person experiencing or suspected of experiencing an opioid overdose.

~~Existing law provides that a licensed health care provider who acts with reasonable care and issues a prescription for, or an order for the administration of, an opioid antagonist to a person experiencing or suspected of experiencing an opioid overdose is not subject to professional review, liable in a civil action, or subject to criminal prosecution for issuing the prescription or order. Under existing law, a person who is not otherwise licensed to administer an opioid antagonist, but who meets other specified conditions, is not subject to professional review, liable in a civil action, or subject to criminal prosecution for administering an opioid antagonist.~~

~~This bill would clarify that peace officers are included among the persons authorized to receive and distribute opioid antagonists as described above.~~

(2)

(1) Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority (EMSA), which is responsible for the coordination and integration of all state agencies concerning emergency medical services. Under existing law, EMSA is required to establish training and standards, and promulgate regulations, for all prehospital emergency medical care personnel, as defined, regarding the characteristics and method of assessment and treatment of anaphylactic reactions and the use of epinephrine. Existing law also requires *the* EMSA to develop and adopt regulations for the training and scope of practice for emergency medical technician-I (EMT-I) certification, which includes, among other things, a specified course of training on the nature of sudden infant death syndrome. *Existing law authorizes the medical director of a local EMS agency to approve or conduct any scientific or trial study of the efficacy of the prehospital emergency use of any drug, device, or treatment procedure within the local EMS system, utilizing any level of prehospital emergency medical care personnel, consistent with specified requirements.*

This bill would require *the* EMSA to develop and adopt training and standards, and promulgate regulations, for all prehospital emergency

medical care personnel, as defined, regarding the use and administration of naloxone hydrochloride and other opioid antagonists. The bill would authorize *the* EMSA to adopt existing training and standards for prehospital emergency medical care personnel regarding the statewide use and administration of naloxone hydrochloride or another opioid antagonist to satisfy the requirements of the bill's provisions. The bill would also authorize, ~~at the discretion of the medical director of the local EMS agency, pertinent training completed by prehospital emergency medical care personnel~~ *authorize the medical director of a local EMS agency, pursuant to the above-described provisions relating to a scientific or trial study, to approve or conduct a trial study of the use and administration of naloxone hydrochloride or other opioid antagonists by any level of prehospital emergency medical care personnel, and would authorize the training received by prehospital emergency medical care personnel specific to the use and administration of naloxone hydrochloride or other opioid antagonists during this trial study to be used to satisfy part of towards satisfying the training requirements established by the EMSA pursuant to the bill's provisions.* The bill would specify that both of those types of trainings satisfy ~~the specified requirements described above~~ allowing for immunity from criminal and civil liability for administering an opioid antagonist.

The bill would also require *the* EMSA to develop and adopt regulations to include the administration of naloxone hydrochloride in the training and scope of practice of EMT-I certification, on or before July 1, 2016. The bill would require these regulations to be substantially similar to certain regulations that authorize an EMT-I to receive training for naloxone hydrochloride administration without having to complete the entire emergency medical technician-II (EMT-II) certification course.

(3)

(2) Existing law, the Uniform Controlled Substances Act, requires the Attorney General to encourage research on the misuse and abuse of controlled substances, and, in connection with that research, and in furtherance of the enforcement of the act, authorizes the Attorney General to undertake specific acts, including developing new or improved approaches, techniques, systems, equipment, and devices to strengthen the enforcement of the act.

This bill would additionally permit the Attorney General, in connection with that research, and in furtherance of the enforcement of the act, to authorize hospitals and trauma centers to share information with local law enforcement ~~agencies~~ *agencies, the EMSA, and local*

emergency medical services agencies about controlled substances. The bill would limit the data that may be provided by hospitals and trauma centers to the number of overdoses and the substances suspected as the primary cause of the overdoses. The bill would require that the information shared be shared in a manner that ensures complete patient confidentiality.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 ~~SECTION 1. Section 1714.22 of the Civil Code is amended~~
2 ~~to read:~~
3 ~~1714.22. (a) For purposes of this section, the following~~
4 ~~definitions shall apply:~~
5 ~~(1) "Opioid antagonist" means naloxone hydrochloride that is~~
6 ~~approved by the federal Food and Drug Administration for the~~
7 ~~treatment of an opioid overdose.~~
8 ~~(2) "Opioid overdose prevention and treatment training~~
9 ~~program" means any program operated by a local health~~
10 ~~jurisdiction or that is registered by a local health jurisdiction to~~
11 ~~train individuals to prevent, recognize, and respond to an opiate~~
12 ~~overdose, and that provides, at a minimum, training in all of the~~
13 ~~following:~~
14 ~~(A) The causes of an opiate overdose.~~
15 ~~(B) Mouth to mouth resuscitation.~~
16 ~~(C) How to contact appropriate emergency medical services.~~
17 ~~(D) How to administer an opioid antagonist.~~
18 ~~(b) A licensed health care provider who is authorized by law to~~
19 ~~prescribe an opioid antagonist may, if acting with reasonable care,~~
20 ~~prescribe and subsequently dispense or distribute an opioid~~
21 ~~antagonist to a person at risk of an opioid-related overdose or to~~
22 ~~a family member, friend, peace officer, or other person in a position~~
23 ~~to assist a person at risk of an opioid-related overdose.~~
24 ~~(c) (1) A licensed health care provider who is authorized by~~
25 ~~law to prescribe an opioid antagonist may issue standing orders~~
26 ~~for the distribution of an opioid antagonist to a person at risk of~~
27 ~~an opioid-related overdose or to a family member, friend, peace~~
28 ~~officer, or other person in a position to assist a person at risk of an~~
29 ~~opioid-related overdose.~~

1 ~~(2) A licensed health care provider who is authorized by law to~~
2 ~~prescribe an opioid antagonist may issue standing orders for the~~
3 ~~administration of an opioid antagonist to a person at risk of an~~
4 ~~opioid-related overdose by a family member, friend, peace officer,~~
5 ~~or other person in a position to assist a person experiencing or~~
6 ~~reasonably suspected of experiencing an opioid overdose.~~

7 ~~(d) (1) A person who is prescribed or possesses an opioid~~
8 ~~antagonist pursuant to a standing order shall receive the training~~
9 ~~provided by an opioid overdose prevention and treatment training~~
10 ~~program.~~

11 ~~(2) A person who is prescribed an opioid antagonist directly~~
12 ~~from a licensed prescriber shall not be required to receive training~~
13 ~~from an opioid prevention and treatment training program.~~

14 ~~(e) A licensed health care provider who acts with reasonable~~
15 ~~care shall not be subject to professional review, be liable in a civil~~
16 ~~action, or be subject to criminal prosecution for issuing a~~
17 ~~prescription or order pursuant to subdivision (b) or (c).~~

18 ~~(f) Notwithstanding any other law, a person who possesses or~~
19 ~~distributes an opioid antagonist pursuant to a prescription or~~
20 ~~standing order shall not be subject to professional review, be liable~~
21 ~~in a civil action, or be subject to criminal prosecution for this~~
22 ~~possession or distribution. Notwithstanding any other law, a person~~
23 ~~not otherwise licensed to administer an opioid antagonist, but~~
24 ~~trained as required under paragraph (1) of subdivision (d), who~~
25 ~~acts with reasonable care in administering an opioid antagonist,~~
26 ~~in good faith and not for compensation, to a person who is~~
27 ~~experiencing or is suspected of experiencing an overdose shall not~~
28 ~~be subject to professional review, be liable in a civil action, or be~~
29 ~~subject to criminal prosecution for this administration.~~

30 ~~SEC. 2.~~

31 ~~SECTION 1.~~ Section 1797.170 of the Health and Safety Code
32 ~~is amended to read:~~

33 1797.170. (a) The authority shall develop and, after approval
34 by the commission pursuant to Section 1799.50, adopt regulations
35 for the training and scope of practice for EMT-I certification.

36 (b) Any individual certified as an EMT-I pursuant to this
37 division shall be recognized as an EMT-I on a statewide basis, and
38 recertification shall be based on statewide standards.

39 (c) Effective July 1, 1990, any individual certified as an EMT-I
40 pursuant to this act shall complete a course of training on the nature

1 of sudden infant death syndrome which is developed by the
2 California SIDS program in the State Department of Public Health
3 in consultation with experts in the field of sudden infant death
4 syndrome.

5 (d) On or before July 1, 2016, the authority shall develop and,
6 after approval by the commission pursuant to Section 1799.50,
7 adopt regulations to include the administration of naloxone
8 hydrochloride in the training and scope of practice of EMT-I
9 certification. These regulations shall be substantially similar to
10 existing regulations set forth in Chapter 3 (commencing with
11 Section 100101) of Division 9 of Title 22 of the California Code
12 of Regulations that authorize an EMT-I to receive EMT-II training
13 in the administration of naloxone hydrochloride without having
14 to complete the entire EMT-II certification course. *This subdivision*
15 *shall be implemented in accordance with Chapter 5 (commencing*
16 *with Section 1798).*

17 ~~SEC. 3.~~

18 SEC. 2. Section 1797.197 of the Health and Safety Code is
19 amended to read:

20 1797.197. (a) The authority shall establish training and
21 standards for all prehospital emergency medical care personnel,
22 as defined in paragraph (2) of subdivision (a) of Section 1797.189,
23 regarding the characteristics and method of assessment and
24 treatment of anaphylactic reactions and the use of epinephrine.
25 The authority shall promulgate regulations regarding these matters
26 for use by all prehospital emergency medical care personnel.

27 (b) (1) The authority shall develop and, after approval by the
28 commission pursuant to Section 1799.50, adopt training and
29 standards for all prehospital emergency medical care personnel,
30 as defined in paragraph (2) of subdivision (a) of Section 1797.189,
31 regarding the use and administration of naloxone hydrochloride
32 and other opioid antagonists. The authority shall promulgate
33 regulations regarding these matters for use by all prehospital
34 emergency medical care personnel. The authority may adopt
35 existing training and standards for prehospital emergency medical
36 care personnel regarding the statewide use and administration of
37 naloxone hydrochloride or another opioid antagonist to satisfy the
38 requirements of this section.

1 ~~(2) Pertinent training completed by prehospital emergency~~
2 ~~medical care personnel, at the discretion of the medical director~~
3 ~~of the local EMS agency, may be used to satisfy part of~~

4 *(2) The medical director of a local EMS agency may, pursuant*
5 *to Section 1797.221, approve or conduct a trial study of the use*
6 *and administration of naloxone hydrochloride or other opioid*
7 *antagonists by any level of prehospital emergency medical care*
8 *personnel. Training received by prehospital emergency medical*
9 *care personnel specific to the use and administration of naloxone*
10 *hydrochloride or another opioid antagonist during this trial study*
11 *may be used towards satisfying the training requirements*
12 *established pursuant to paragraph (1) regarding the use and*
13 *administration of naloxone hydrochloride and other opioid*
14 *antagonists by prehospital emergency medical care personnel.*

15 (3) The training described in paragraphs (1) and (2) shall satisfy
16 the requirements of paragraph (1) of subdivision (d) of Section
17 1714.22 of the Civil Code.

18 ~~SEC. 4.~~

19 SEC. 3. Section 11601 of the Health and Safety Code is
20 amended to read:

21 11601. The Attorney General shall encourage research on
22 misuse and abuse of controlled substances. In connection with the
23 research, and in furtherance of the enforcement of this division,
24 he or she may do all of the following:

25 (a) Develop new or improved approaches, techniques, systems,
26 equipment, and devices to strengthen the enforcement of this
27 division.

28 (b) Enter into contracts with public agencies, institutions of
29 higher education, and private organizations or individuals for the
30 purpose of conducting demonstrations or special projects that bear
31 directly on misuse and abuse of controlled substances.

32 (c) (1) Authorize hospitals and trauma centers to share
33 information with local law enforcement ~~agencies~~ *agencies, the*
34 *Emergency Medical Services Authority*, and local emergency
35 medical services agencies about controlled substance overdose
36 trends.

37 (2) The information provided by hospitals and trauma centers
38 pursuant to this subdivision shall include only the number of
39 overdoses and the substances suspected as the primary cause of
40 the overdoses. Any information shared pursuant to this subdivision

- 1 shall be shared in a manner that ensures complete patient
- 2 confidentiality.

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